

**Discretionary Grants Fund**

**PROJECT APPLICATION FORM**

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| 1. **Some information before you start** | | | |
| * Please complete one application form per project * Applications need to be in by 5pm on Monday 31st March 2025 * Decisions will be made by the Council on Wednesday 30th April 2025 * Your project will not be considered if it has started before this application has been assessed * No late applications will be considered, unless granted prior approval * Please check your application meets the criteria before submitting it – see section B * Send your application:   Please complete all questions, attach all supporting documents, and send to either of the following:  Email; or deliver by hand to:  [CEO@kaikoura.govt.nz](mailto:CEO@kaikoura.govt.nz) Level 2, 96 West End  Kaikoura | | | |
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| 1. **Criteria for your application**   The criteria for the Discretionary Grants Fund is set out below. Please indicate **Yes** or **No** in the boxes below.  Please note that your application may not be eligible for funding if the criteria is not met. To be eligible for funding, you must be a not-for profile organisation (for example not a business which makes a profit).   |  |  |  | | --- | --- | --- | | **Questions** | **Yes** | **No** | | Is this a not-for-profit organisation? |  |  | | Does it provide services to the wider community or specific sectors in the Kaikōura community? |  |  | | Are you able to supply verified Annual Accounts? |  |  | | Can you provide verification of charitable status (if applicable – if not applicable write N/A in the ‘no’ box) |  |  | | Have you accounted for expenditure of funds specifically for grants received? |  |  | | There must be a contribution from the applicant towards the cost of the activity applied for – is this documented in the application? |  |  | | Confirm you are applying as a group/organisation |  |  | | Has the project started? |  |  | | Have you completed reporting on previous grants received? (If applicable – if not applicable write N/A in the ‘no’ box) |  |  | | | |
| 1. **Tell us about yourself** | | |
| Full name of individual or group | |  |
| Sector | | Arts & Culture  Sport  Environmental  Community Welfare  Heritage  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | |
| Contact name |  | |
|  | | |
| Address |  | |
|  | | |
| Post code |  | |
|  | | |
| Telephone number(s) |  | |
|  | | |
| Email |  | |

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| 1. **Description of your project** | |
| Briefly describe your project by answering the questions overleaf | |
| **The idea/kaupapa –**  What is it you want to do? |  |
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| **The benefits –**  How will your project benefit Kaikōura? |  |

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| **The process –**  How will you carry out your project, and where and when? |  |
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| **The people –**  Who is involved? (include brief information about key individual or organisations) |  |

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| 1. **The budget** | | | | | | | | | | | | | | | | | | |
| Are you registered for GST? | | |  | | Yes |  | | No | | GST number |  | | |  |  |  |  |
| Applicants that are **not** GST-registered need to provide budget figures that **include** GST | | | | | | | | | | | | | | | | | | |
| Successful applicants who **are** GST-registered need to provide budget figures that **exclude** GST.  Successful applicants who are GST-registered must submit a separate GST invoice if successful. | | | | | | | | | | | | | | | | | | |
| Include copies of written quotes provided by supplier, facilitator or vendor etc. Your budget must reconcile with the quotes provided. | | | | | | | | | | | | | | | | | | |
| **Total Project Costs e.g. materials, venue hire, promotion, equipment hire, personnel costs** | | | | | | | | | | | | **Amount** | | | | | | |
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| **(a) Total cost** | | | | | | | | | | | |  | | | | | | |
| **Project Income e.g. ticket sales, etc** | | | | | | | | | | | | **Amount** | | | | | | |
|  | | | | | | | | | | | | **$** | | | | | | |
|  | | | | | | | | | | | | **$** | | | | | | |
|  | | | | | | | | | | | | **$** | | | | | | |
| **Other sources of income e.g. other grants, donations, own contribution, existing funds, expected fundraising** | | | | | | | | | | | |  | | | | | | |
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| **(b)Total funds available** | | | | | | | | | | | |  | | | | | | |
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| **Amount requested from Discretionary Fund** | | | | | | | |  | | | | | | | | | | | | |
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| 1. **Financial background** | | | | | | | | | | | | | | | | | | | |
| Tell us about any other funding you have applied for or received for this project. | | | | | | | | | | | | | | | | | | | |
| **Date applied** | **Source of funding** | | **Type of funding** (eg, a loan, grant and what it will be used for) | | | | | **Amount requested** | | | | **Is funding confirmed?** If yes how much. If you are still waiting for response, when will you know? | | | | | | | |
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| Individuals and groups must provide bank account details for the payment of the grant. If you are GST registered you will also be required to provide a GST Invoice if you are successful in your application.  **Continue to Declaration on next page…** | | | | | | | | | | | | | | | | | | | |
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| 1. **Declaration** | | | | |
| I declare that the information supplied here is correct. If the application is  successful, I/we agree to – | | | | |
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| * complete the project within a year of the funding being approved * complete and return a project accountability form (which will be sent with the grant) within two months after the project is completed * participate in any funding audit of my organisation or project conducted if required * inform the Council of any public event or presentation that is funded by the grant * acknowledge the assistance of the grant verbally at event openings, presentations, performances and such like | | | | |
| I understand that the | **KAIKOURA DISTRICT COUNCIL** | |
|  | | | | |
| Is bound by the Local Government Official Information and Meetings Act 1987. I also consent to it recording the personal contact details provided in this application, retaining and using these details, and disclosing them to KDC for the purpose of evaluating the Fund. I understand that my name and brief details about the project may be released to the media or appear in publicity material. I undertake that I have obtained the consent of all people involved to provide these details. We understand that I have the right to have access to this information. This consent is given in accordance with the Privacy Act 1993. | | | | |
| Please name two people for your project and sign below | | | | |
| **First contact name** | |  | |
|  | | | |
| **Signature** | |  | |
|  | | | |
| **Second contact name** | |  | |
|  | | | |
| **Signature** | |  | |
|  | | | |
| **Date** | |  | |

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| 1. **Final Check**   Make sure you have | |
|  | Completed all sections |
|  | Checked that the budget balances |
|  | Provided quotes, bank account details |
|  | Meeting the criteria |